



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**DEPARTMENT ON DISABILITY SERVICES**

**Quality Improvement Committee (QIC) Meeting Minutes**

**Tuesday, August 1, 2017**

**In Attendance:**

Lisa Brace, RN, GUCCHD  
Deidhra Peter-Thomas, RN, Health & Wellness, DDA  
Linda Gaines, RN, Health & Wellness, DDA  
Marc Clark, MRC, PAU, DDA  
Marissa Brown, RN, GUCCHD  
Corey Neils, Program Specialist, PAU, DDA

**Handouts from the Meeting**

- ❖ Agenda
- ❖ Handout: Family Training Final Rulemaking

**Review of July 11, 2017, Minutes**

- ❖ No substantive changes to the minutes.

**Continued Conversation on DDA Nursing and In-Home Supports from MRC Recommendation**

- ❖ The committee continued the discussion on the District's proposal to modify In-Home Supports to High-Intensity In-Home Supports service which would include nursing oversight but not direct services. It would also assist in the coordination of behavioral, health and wellness services; and, provide supports for the development, implementation, and training family members or others to providing services for the person. Erin Leveton, Program Manager, SODA provided an email detailing the proposed services. Erin was unable to attend this meeting to clarify further the proposal. The committee further discussed the possibility of nonclinical staff being able to provide the training under the new waiver plan and what that could/would mean to reach a broader base of service recipients. As well as, the use of Family Training (a currently underutilized waiver service) to also provide training support in primary health education for families.

The question of identifying and understanding some of the barriers that might exist in using such services was discussed. The committee felt that either a provider, Service Coordinator, or a DDA Quality Resource Specialist may be able to provide insight into some of the challenges providers face in connecting families to these services. The committee also considered the possibility of Liberty is providing some technical assistance to new providers seeking to provide Family Training. GUCCHD suggested that a workgroup (Cultural Linguistic Community Practice) at Georgetown might be useful in helping to bridge any communication gaps that may exist in informing the community about the service, with an emphasis on proper training on common health issues and treating those conditions. The committee still extends an invite to Erin Leveton to attend the next meeting (if possible) to clarify the District's proposal. An invitation will also be made to a representative from the Quality Improvement





Unit that is knowledgeable in challenges providers face in accessing Family Training. Additionally, a representative from DDA Business Services department will be invited to discuss new providers and supports to encourage Family Training services (specifically as it relates to health education for families) to attend the next QIC meeting.

**Announcements and Other Updates**

- ❖ GUCCHD reported on the NTG telephone conference held on July 18. The conference had a low turnout based on the 30 or more people who attended the Train-the-Trainer. It will be necessary to determine all of the trainers that took the necessary testing to be an approved trainer and to assess all of the training resources available (such as standardizing training materials) to make the training accessible to the DSP's in the field.
- ❖ GUCCHD is also awaiting feedback from NTG on the checklist for differential diagnosis which has been submitted for review.
- ❖ GUCCHD will also start a new round of applications for providers to participate in Trauma-Informed Care strategies in the fall. Currently, there are nine provider organizations participating. The application process will help in structuring strategies to ensure that agencies can incorporate the TIC perspective in using the screening tool and making it part of their incident reporting procedure and philosophy.
- ❖ GUCCHD is also revisiting the Rapid Rehospitalization study. The 18 month look back at hospitalization will seek to find a correlative relationship between comorbidity and (re)hospitalization, using the Carlson indicator (a recognized quantitative index). The analysis is still being worked on with results pending.

**Next Meeting:** Tuesday, September 5, 2017, at DDS.

